CALL FOR TIRAMISÙ CLUB

ANNEX A

APPLICATION FORM

To the Commission Of Tiramisù Academy APS The undersigned _____ surname name Born in ______(Province of _____) on ______, resident of ______, Postal code ______, mobile phone_______, e-mail________, tax **ASKS** The eligibility to establish a Tiramisù Club in its own territory of reference as referred to in the specific Call. To this end the undersigned declares under his/her own responsibility: - To be an associate of the Tiramisù Academy; - To hold, within the constituent Tiramisù Club, the role of: ☐ Club Representative; ☐ Professional Supervisor; ☐ Cultural Supervisor;

The undersigned also declares, in order to receive eligibility, his/her commitment to:

- a. To act as a point of reference for the associates in the designated area and enforce the Charter;
- b. To comply with the guidelines and regulations communicated by the Academy;
- c. Propose to the Academy the programme of planned initiatives by 31 January of each year;
- d. To carry out coherent initiatives approved by the Academy with quality and according with the aims of the Charter;
- e. To implement coherent initiatives to increase the associate base in the designated
- f. To create a list of the associates of the Academy who actively participate in the life of the Club;
- g. Upon specific proxy and authorization of the Academy Board of Directors, to represent the Academy in events, television or radio programs, committees or other working groups;
- h. To draw up by 31 december of each year an annual report on the initiatives organized by the Club;

The ur	ndersigned undertakes to specify:
_	The name of the Representative and of the Supervisors of the constituent Club: Club Representative: Professional Supervisor: Cultural Supervisor: Country, Region and Province of the constituent Club:
	ndersigned undertakes, at the request of the Tiramisù Academy Association to carry out lowing procedure, to submit a copy of the documentation proving the declaration
Under	penalty of exclusion, the following documentation is attached:
	The Curriculum Vitae of the Representative and of the Supervisors; Letter/s of endorsement, if available.
Place,	date In Witness
	The Representative
	The Professional Supervisor

The Cultural Supervisor

Author	rization for the processing of person	onal data	
The undersigned		regarding	
the processing of personal d	ata, expresses consent to the process ethods set out in Legislative De	sing of the same in accordance	
The undersigned, aware of the criminal sanctions provided for by art. 76(L) of T.U. n. 445 of 28.12.2000 on the legislative and regulatory provisions on administrative documentation, in the event of false statements, use or exhibition of false acts or acts containing data that are no longer true, declares under its own personal responsibility that what is reported in this application form, is true.			
Place, date			
		In Witness	
	The Representative		
	The Professional Supervisor		
	The Cultural Supervisor		